

# Impact of Multiple Sclerosis Symptoms (IMSS) in Ireland

Despite progress in multiple sclerosis (MS) care, healthcare systems across Europe still lack a **coordinated and prioritised approach** to managing MS symptoms effectively. MS is a lifelong neurological condition affecting more than 1.2 million people in Europe, yet many continue to face gaps in care and support.

The European Multiple Sclerosis Platform (EMSP) is spearheading research to understand how people with MS experience and manage their symptoms across the continent. By **identifying disparities** EMSP aims to promote stronger collaboration among key stakeholders to effectively address unmet needs.

The Impact of Multiple Sclerosis Symptoms (IMSS) initiative seeks to drive policy change, improve care pathways, and enhance rehabilitation outcomes, ensuring that people with MS receive the **comprehensive support** they deserve.

Emily's story is just one example of how MS reshapes lives — and why understanding these experiences is crucial for improving care.



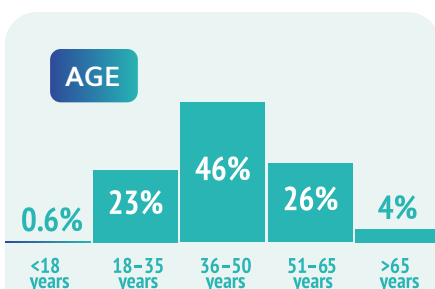
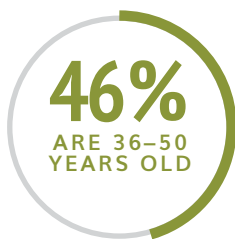
EMSP and 24 national MS societies across 22 European countries collected real-life evidence on MS symptoms and management. Behind these findings are real people, each with their own challenges, uncertainties, and hopes.



In Ireland, 266<sup>1</sup> people with MS participated in the IMSS survey from May 5 to August 31, 2023.

# A Life Changed by MS

Emily had always been full of energy — a pharmacist and a passionate traveller in her free time. But at 30, her life took an unexpected turn. She started noticing strange sensations in her hands, followed by bouts of overwhelming fatigue. Over time, these symptoms grew harder to ignore. Tasks she once did effortlessly became a struggle. Her doctor ran tests, but the results were inconclusive. For four long years, Emily lived with uncertainty, her daily life becoming a patchwork of pain, confusion, and questions without answers.

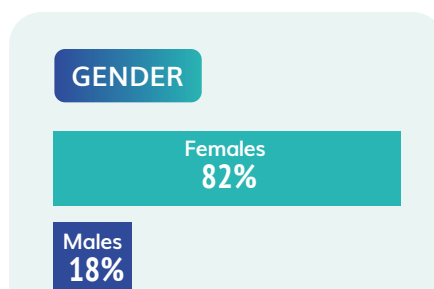


People between **18-35** reported the lowest presence of all symptoms.

Individuals aged **36-50** did not report symptoms in a significantly different presence than other group.

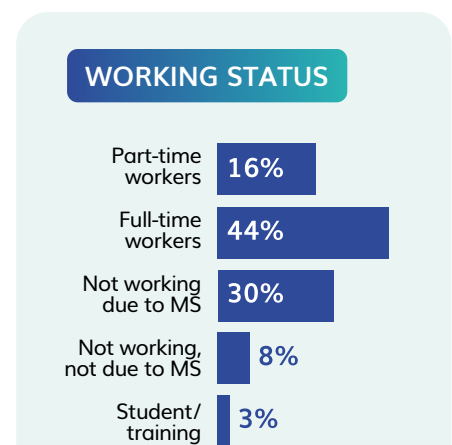
Between **51-65**, symptoms start to emerge significantly, especially fatigue, pain, bladder control problems, muscle weakness and mobility impairment.

**Over 65**, the sample was too small to draw conclusions.



**Females** reported significantly *fewer* spasticity problems and mobility problems but **more heat/cold intolerance** compared to males.

**Males** reported significantly *fewer* heat/cold intolerance, but **more mobility impairment** than females.



**Full-time workers** reported significantly less presence of all symptoms.

**People not working due to MS** reported the most presence of symptoms.

The samples of other categories of work status were low to draw conclusions.

# Understanding MS Across Europe

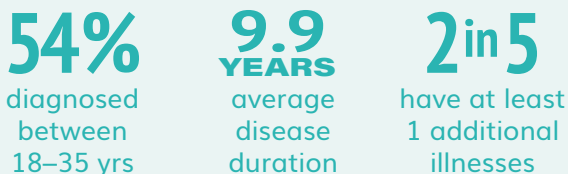
IMSS aims at uncovering the truths behind the symptoms, struggles, and stories of MS. How do people across Europe experience the condition? How do healthcare systems respond to their needs? And most importantly, where are they falling short?

For Emily, these questions resonate deeply. Her diagnosis eventually came at age 34, but the journey didn't end there. Her symptoms — fatigue, tingling fingers, memory problems, and muscle spasms — continued to affect her daily life. Navigating the healthcare system felt like an uphill battle, and she often wondered if there was more that could be done.

Emily's experience reflects a broader reality revealed through the IMSS survey. Thousands of respondents shared their stories, offering insight into the challenges of living with MS: delays in diagnosis, inconsistent care pathways, and limited support for symptom management. Despite these challenges, EMSP saw an opportunity to drive change. By amplifying these voices, EMSP could push for policies that prioritise comprehensive, equitable care for people like Emily across the continent.

## Clinical situation

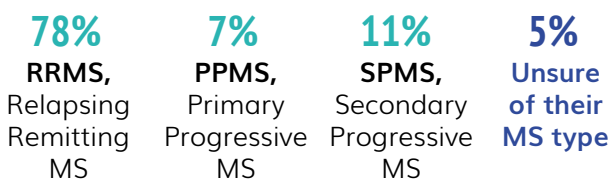
### DIAGNOSIS AND SYMPTOM ONSET



### Delay from symptom onset to diagnosis



### TYPES OF MS



### DISABILITY LEVELS

20% of the respondents had mild disability while 40% had moderate disability and 13% had severe disability. People living with PPMS reported the most moderate disability (66%) while people with SPMS reported the most severe disability (65%)<sup>2</sup>.

### QUALITY OF LIFE

The majority of respondents had no or slight problems, while 5.3% were experiencing moderate or severe problems affecting their quality of life. The quality of life deteriorated more among people with SPMS (36%)<sup>3</sup>.

### USE OF DMDs

90% of respondents have used **Disease Modifying Drugs** (DMDs), with 77% currently using them. 58% reported less than a 1-year delay to start DMDs, while 8% experienced delays of 6 years or more. Among non-users, the main reasons were:

- 24% concerns about use
- 24% never being offered
- 5% physicians advising against them.

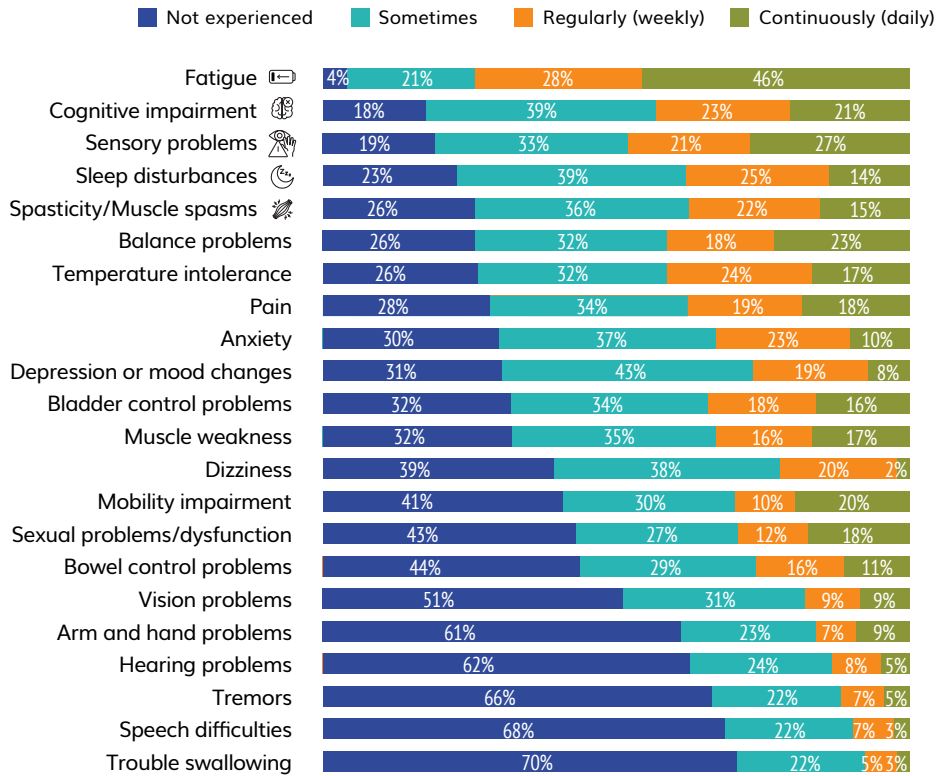
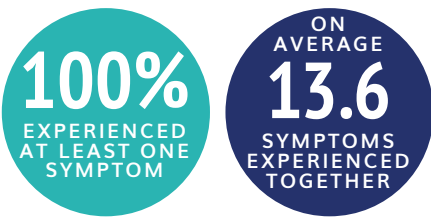


# Symptoms

## PRESENCE AND PREVALENCE

The symptoms reported the most were **fatigue, cognitive impairment, sensory problems, sleep disturbances, and spasticity/ muscle spasms.**

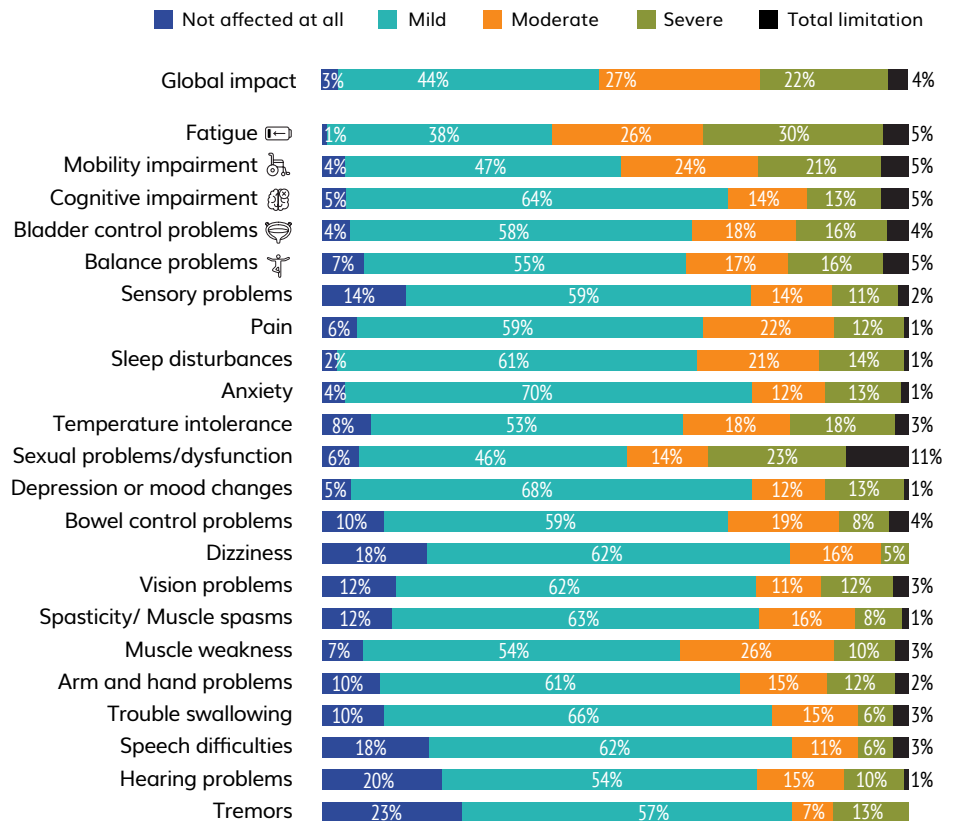
The symptoms least reported were **trouble swallowing, speech difficulties, tremors, hearing problems, and arm and hand problems.**



## SEVERITY AND IMPACT

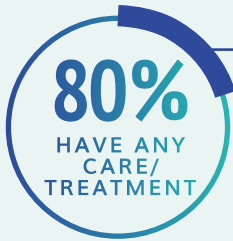
The symptoms that were affecting the daily lives of people with MS were **fatigue, sleep disturbances, mobility impairment, bladder control problems, and anxiety**<sup>4</sup>.

The top 3 most debilitating symptoms were **fatigue, mobility impairment, and cognitive impairment**<sup>5</sup>.



# Treatment and care

## CARE FOR SYMPTOMS



**20% don't use any care /treatment.** The top reasons for not using a specific treatment were having no need, treatment was not offered to them, or they cannot afford this treatment.



People with MS reported using 5.3 treatments or care on average for their symptoms.

The most used treatments were\*: **prescription medication, personal life modifications, physical activity, and physical therapy.**

### Lifestyle changes



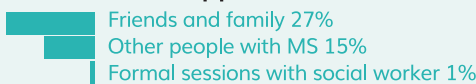
### Medication for symptom management



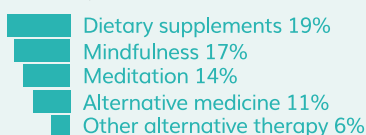
### Therapy/treatments



### Social support



### Complementary and alternative therapies



### Other



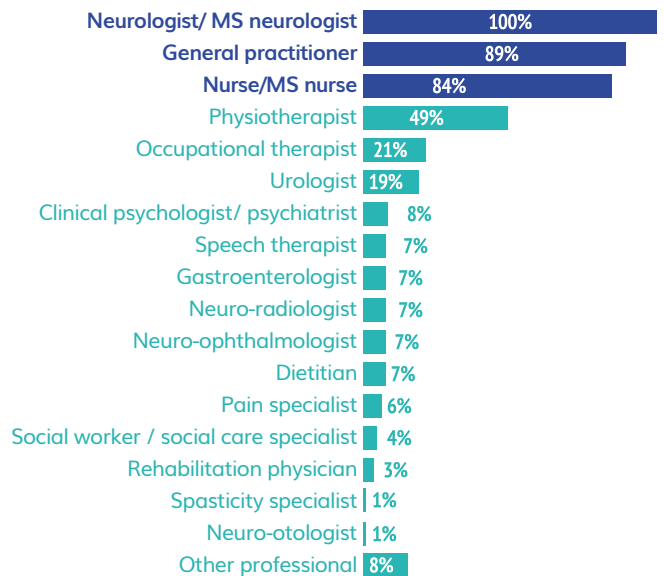
### Surgery 2%

## INVOLVEMENT OF PROFESSIONALS



People with MS had 4.2 healthcare professionals on average taking care of their MS. 64% reported that their healthcare professionals are coordinating together.

The most involved professionals were **neurologist, general practitioner, and nurse/ MS nurse**.\*



## CAREGIVER PRESENCE AND ASSISTANCE



76% have no need for assistance

13% do not have caregivers but need assistance

12% have caregivers



Of those caregivers, **94%** were a family, partner, or friend. **10%** were paid professionals\*.



The caregivers supported people with MS for 46.7 hours per week on average. **83%** of respondents mentioned that the carer was of **great or good** help to them.

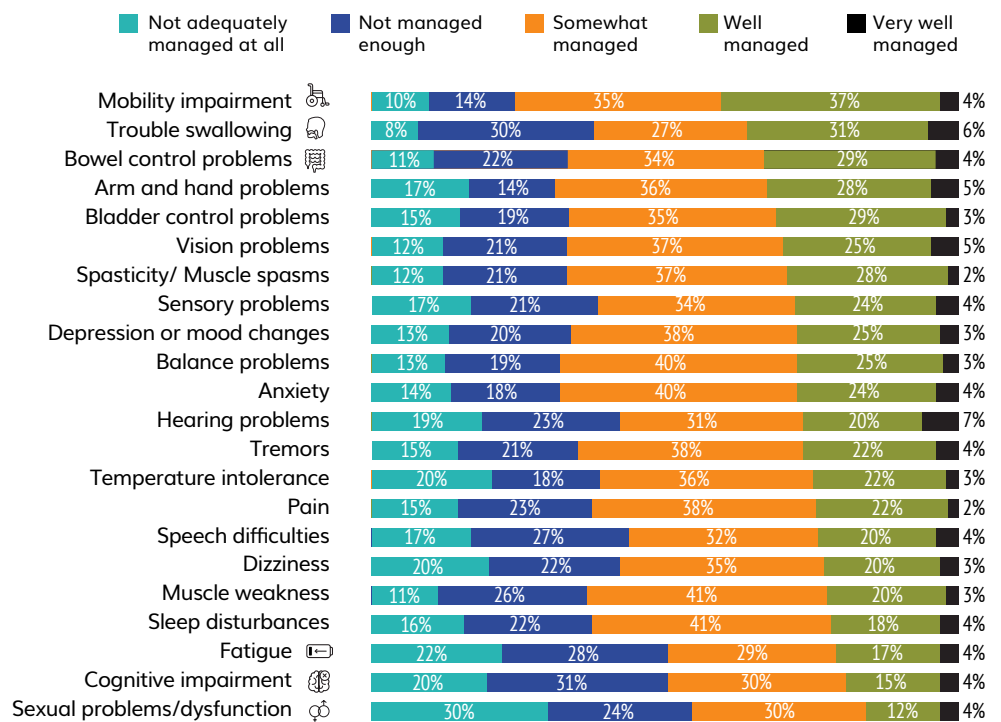
People living with SPMS reported having a caregiver (44%) or needing one (17%), a similar need as people with PPMS. People with RRMS reported the most not having and not needing a caregiver (79%).

# Satisfaction with management of symptoms

The most well managed symptoms were **mobility impairment, trouble swallowing, and bowel control problems.**

The least well managed symptoms were **sexual problems/dysfunction, fatigue, and cognitive impairment.**

**1 in 2**  
NOT SATISFIED  
WITH THEIR  
CARE



## The promise of change

As the IMSS initiative brings together people with MS, researchers, policymakers, and healthcare providers, we hope to have a future where no one has to face their symptoms alone. A future where MS care isn't just about managing symptoms but **empowering people to lead fulfilling lives.**

The story of MS isn't just about the condition; it's about the people living with it. And for Emily, it's a story that continues, now with **the promise of a brighter tomorrow.**



**Note:** Percentages are rounded for simplicity and may not sum to 100% or match exactly.

\*Participants were allowed to give more than one answer (multiple choice), hence the total can be more than 100%.

**References:** <sup>1</sup>Among respondents, 41.4% were MS society members, 30.8% were linked but not members, and 27.8% had no society affiliation. <sup>2</sup>Measured by the PDDS: Patient-Determined Disease Steps, provided for use by the NARCOMS Registry: [www.narcoms.org/pdds](http://www.narcoms.org/pdds). NARCOMS is supported in part by the Consortium of Multiple Sclerosis Centres (CMSC) and the CMSC Foundation. <sup>3</sup>Measured by EuroQOL Research Foundation: EQ-5D-5L. <sup>4</sup>The tool used to measure the severity of symptoms is SymptoMScreen: <https://www.symptomscreen.org>, categorised into 5 groups: Not affected at all (0); Mild (1 and 2), Moderate (3), Severe (4 and 5), Total limitation (6). <sup>5</sup>The 'Severity and Impact' chart is organized from the most to the least debilitating symptoms.

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